

# LICENSING RECORD CLEARANCE REQUEST

## STATE OF MICHIGAN

Department of Human Services  
Office of Children and Adult Licensing

<b>DIRECTIONS FOR COMPLETING FORM:</b> <ul style="list-style-type: none"> <li>• Please read the accompanying instructions before completing this form.</li> <li>• Please type or print CLEARLY so that the information completed can be read.</li> <li>• Mail completed form to OCAL Central office.</li> </ul>				<b>LIVESCAN FINGERPRINT REQUEST</b> <i>This section for day care only.</i>  Agency ID: 10971L  TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING)  Date Fingerprinted: _____  Type of Picture I.D. presented: _____  <b>DCL(Day Care License) - State and FBI</b> <b>(\$54 plus livescan fee) total \$70.00</b>			
<b>SECTION I: REQUESTOR INFORMATION</b> (Must be completed by licensing consultant/worker) Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div>							
LICENSEE/APPLICANT NAME <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>							
LICENSE/APPLICATION TYPE <input type="checkbox"/> Child Foster <input type="checkbox"/> Adoption <input type="checkbox"/> Adult Foster Care <input type="checkbox"/> Family/Group Child Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> Institution/Agency <input type="checkbox"/> Camp				County <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
THE PERSON BEING CLEARED IS: <input type="checkbox"/> Adult Member of Household (specify relationship to licensee): <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee/Licensee Designee <input type="checkbox"/> Administrator <input type="checkbox"/> Responsible Person (In charge of daily operations) <input type="checkbox"/> Director/Program Director				LICENSE NUMBER (If assigned) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			

<b>SECTION III: CENTRAL RECORDS CLEARANCE (OCAL Use Only)</b>				<b>SECTION IV: CONVICTION CLEARANCE</b>			
PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES		INITIALS <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		CLEARANCE DATE <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		<div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	
IS PROTECTIVE SERVICES INFORMATION ON DHS? <input type="checkbox"/> NO <input type="checkbox"/> YES		LICENSE NUMBER <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>					
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.							

## LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Files check regarding the possible existence of a substantiated child abuse or neglect record. **(For Child Day Care and Child Welfare Divisions Only)**
3. Produce a Central Files check against current or previous licensee status of the applicant in any county of the state.
4. **Day Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (OCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be inserted prior to submitting application to OCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

**A failure on the part of an applicant to provide OCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.**

AUTHORITY:	Public Act 116 of 1973 as amended and Public Act 218 of 1979 as amended	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION	Required	
CONSEQUENCE:	Licensure may be denied.	